

DEC 05 2007

CONFIDENTIAL

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# Fax

**To:** COMMISSIONER FOR PATENTS **From:** Daniel M. Chambers  
**Fax:** 571-273-8300 **Date:** December 5, 2007  
**Phone:** 800-786-9199 **Pages:** 3 (including cover page)  
**Re:** Change of Correspondence Address **CC:**  
And Power of Attorney

☒ Urgent ☐ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle

**Comments:**

Application Number: 10/813,208

Filing Date: 03/29/04

Atty. Docket No.: GTI-1360-CT

Title: Device For Needle Free Injection And Electroporation

Dear Sir:

I respectfully submit via facsimile transmission a cover sheet with a POWER OF ATTORNEY TO PROSECUTE APPLICATIONS BEFORE THE USPTO (Form 80) and STATEMENT UNDER 37 CFR 3.73(b) (Form 96), as a request to change the **Attorney of Record** and also the **Correspondence Address** for the above-identified case.

Thank you for your attention to this matter.

Should you have any questions or concerns, please do not hesitate to contact me.

Sincerely,

  
Daniel M. Chambers (Reg. No.: 34,561)**PLEASE CONFIRM RECEIPT BY RETURN FACSIMILE**

Please note a written confirmation of this facsimile will not be mailed unless specifically requested.

The information contained in this facsimile transmission (including any attached page(s)) is intended only for the named recipient(s). The information may be confidential. If the reader of this message is not an intended recipient, notice is hereby given that any dissemination, distribution, or copying of this transmission, in whole or in part, is strictly prohibited. If you have received this transmission in error, please notify the sender immediately by telephone or return facsimile, and destroy this transmission. Thank you.

Approved for use through 12/31/2008. OMB 0531-0035  
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**POWER OF ATTORNEY TO PROSECUTE APPLICATIONS BEFORE THE USPTO**

I hereby revoke all previous powers of attorney given in the application identified in the attached statement under 37 CFR 3.73(b).

I hereby appoint:

☒ Practitioner(s) associated with the Customer Number:

35938

OR

☐ Practitioner(s) named below (if more than ten patent practitioners are to be named, then a customer number must be used):

Name	Registration Number	Name	Registration Number

as attorney(s) or agent(s) to represent the undersigned before the United States Patent and Trademark Office (USPTO) in connection with any and all patent applications assigned only to the undersigned according to the USPTO assignment records or assignment documents attached to this form in accordance with 37 CFR 3.73(b).

Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to:

☒ The address associated with Customer Number:

35938

OR

☐ Firm or Individual Name

Address

City

State

Zip

Country

Telephone

Email

Assignee Name and Address:

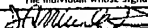
GENTRONICS, INC.  
11494 SORRENTO VALLEY ROAD  
SAN DIEGO, CA 92121-1318

A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed.

SIGNATURE OF Assignee of Record

The individual whose signature and title is supplied below is authorized to act on behalf of the assignee

Signature



Date November 26 2007

Name

Douglas C. Murdock

Telephone

Title

Director of Intellectual Property of Gentronics, Inc.

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

PTO/SB/08 (04-07)  
Approved for use through 09/30/2007. OMB 0631-0031  
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

### STATEMENT UNDER 37 CFR 3.73(b)

Applicant/Patent Owner: HOFMANN, GUNTER, ET AL.

Application No./Patent No.: 10/813,209

Filed/Issue Date: MARCH 29, 2004

Entitled: DEVICE FOR NEEDLE FREE INJECTION AND ELECTROPORATION

GENETRONICS, INC.

a CORPORATION

(Name of Assignee)

(Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)

states that it is:

1. ☒ the assignee of the entire right, title, and interest; or
2. ☐ an assignee of less than the entire right, title and interest  
(The extent (by percentage) of its ownership interest is \_\_\_\_\_ %)

in the patent application/patent identified above by virtue of either:

- A. ☒ An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office at Reel 019167, Frame 055, or for which a copy thereof is attached.

OR

- B. ☐ A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as follows:

1. From: \_\_\_\_\_ To: \_\_\_\_\_  
The document was recorded in the United States Patent and Trademark Office at Reel \_\_\_\_\_, Frame \_\_\_\_\_, or for which a copy thereof is attached.

2. From: \_\_\_\_\_ To: \_\_\_\_\_  
The document was recorded in the United States Patent and Trademark Office at Reel \_\_\_\_\_, Frame \_\_\_\_\_, or for which a copy thereof is attached.

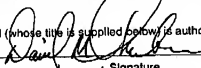
3. From: \_\_\_\_\_ To: \_\_\_\_\_  
The document was recorded in the United States Patent and Trademark Office at Reel \_\_\_\_\_, Frame \_\_\_\_\_, or for which a copy thereof is attached.

☐ Additional documents in the chain of title are listed on a supplemental sheet.

- ☐ As required by 37 CFR 3.73(b)(1)(i), the documentary evidence of the chain of title from the original owner to the assignee was, or concurrently is being, submitted for recordation pursuant to 37 CFR 3.11.

[NOTE: A separate copy (i.e., a true copy of the original assignment document(s)) must be submitted to Assignment Division in accordance with 37 CFR Part 3, to record the assignment in the records of the USPTO. See MPEP 302.08]

The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.



Signature

Daniel M. Chambers

Printed or Typed Name

Attorney of Record, (Reg. No.: 34,561)

Title

December 5 2007

Date

658 350 9890

Telephone Number

This collection of information is required by 37 CFR 3.73(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-0199 and select option 2.